PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 09/851,625			ing Date 08/2001	To be Mailed		
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
	FOR	N	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	П	RATE (\$)	FEE (\$)		
	BASIC FEE (37 CFR 1 16(a), (b),	or (c))	N/A		N/A		N/A		1	N/A			
	SEARCH FEE (37 CFR 1 16(k), (i), a	or (m))	N/A		N/A		N/A			N/A			
	EXAMINATION FE (37 CFR 1 16(o), (p),		N/A		N/A		N/A			N/A			
	TAL CLAIMS CFR 1.16(i))		minus 20 =		•		X \$ =		OR	x s =			
	EPENDENT CLAIM CFR 1.16(h))	15	minus 3 =		٠		X \$ =		1	X \$ =			
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pap 50 (\$125 ional 50 s	er, the applic for small ent sheets or frac	wings exceed 100 ation size fee due tity) for each ction thereof. See 37 CFR 1.16(s).								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1,16(j))									]				
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL			TOTAL			
APPLICATION AS AMENDED - PART II         OTHER THAN           (Column 1)         (Column 2)         (Column 3)         SMALL ENTITY         OR         SMALL ENTITY													
AMENDMENT	12/01/2010	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSI PAID FOR	PRESENT LY EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)		
	Total (37 CFR 1.16(i))	· 21	Minus	·· 21	= 0		X \$ =		OR	X \$52=	0		
	Independent (37 CFR 1,16(h))	· 4	Minus	4	= 0	1	X \$ =		OR	X \$220=	0		
	Application Size Fee (37 CFR 1.16(s))												
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR				
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0		
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUS PAID FOR	PRESENT LY EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)		
	Total (37 CFR 1.160))		Minus	**	=	1	X \$ =		OR	x s =			
	Independent (37 CFR 1.16(h))		Minus	***	-	1	X \$ =		OR	X \$ =			
ΙĀ	Application Size Fee (37 CFR 1.16(s))								]				
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(j))					1			OR				
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								nstrument Ex	or amir	TOTAL ADD'L FEE			
***	If the -Highest Hamber Previously raid For III THIS 8">- CE to location 30, chis* 32".  If the -Highest Number Previously Paid For III THIS SPACE is less than 3, enter 3".  If the Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.												

The considered of information is equilibred, by the first of the considered of the c ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.